

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

LEAVE POOL DONATION FORM

Employee Name _____

Personnel Number _____

Employee's Division/Department _____

Please transfer the following amounts of leave from the accounts specified to the Department Leave Pool:

Hours of Annual Leave Donated: _____

Hours of Sick Leave Donated: _____

I understand that I may donate no more than one half of the Annual or Sick leave earned for the current year at the time of donation and that I must retain a balance of 15 days Sick leave in order to donate Sick leave.

Date of Donation: _____

Donor's Signature: _____

Thank you for your donation!

**Forward this completed form to the Office of Human Resources,
Attention: Angela Thornton, P. O. Box 1993, Blythewood, S. C. 29016.**

This portion to be completed by the Office of Human Resources:

Date Received: _____

Date Processed: _____

Rev. 1/9/2017